

**OKLAHOMA TEACHERS' RETIREMENT SYSTEM**

**P.O BOX 53524 OKC, OK 73152**

405-521-2387 OR TOLL FREE 1-877-738-6365

Fax 405-522-1534

**REQUEST FOR ACCOUNT BALANCE WITH ACCRUED INTEREST**

\_\_\_\_\_  
Name SSN# \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State \_\_\_\_\_ Zip \_\_\_\_\_

Check if address change

I request a statement be mailed to my home address.

I request a statement be mailed to an alternate address (home address will not change).

ATTN: \_\_\_\_\_  
Address

\_\_\_\_\_  
City State \_\_\_\_\_ Zip \_\_\_\_\_

I request my statement be faxed to \_\_\_\_\_

**Security Question**

Where were you born?

\_\_\_\_\_  
City State \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date